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Statement submitted by Asian-Pacific Resource and Research Centre for Women (ARROW), a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

We welcome the theme of 63rd session of the Commission on the Status of Women, Social Protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls. Our extensive work on gender equality with focus on upholding women and young girls' sexual and reproductive right in 17 countries in the Asia Pacific in the last 25 years, resonates the theme in terms of relevance and urgency to address existing gender inequality and other systemic barriers in the region and globally. A fundamental component of achieving gender inequality, is the control of and undermining women's sexual and reproductive rights. If every woman does not have the right and autonomy to make decisions regarding her body and sexuality, she is unable to decide on the course of her life, her potential remains underutilized, she is pushed further into poverty, is at risk of a host of health implications such as unwanted pregnancies, poor health outcomes over the lifecycle, and increased negative impact on overall wellbeing. Therefore, the full realization of sexual and reproductive right as an integral to achieving gender equality and empowerment. We acknowledge the Universal Health Coverage and the sexual and reproductive health and reproductive rights targets within the SDG 3 and 5 as opportunities to take forward the priority theme for this year Commission on the Status or Women.

Asia-Pacific is a home to 60 per cent of the world's population, with women and girls constituting at least half of it and with about 50 per cent of the population living in rural areas. Despite that gender equality has featured in various development agenda at the international and national levels, it is far from achieved. Among gender issues, one that is least addressed in women and young girls' sexual and reproductive right. This is also evidenced by the high prevalence of harmful traditional practices such as early, child and forced marriages, and female genital mutilation. The harmful traditional practices pose great health risks to young mothers, and evidence also suggests adolescent pregnancy is associated with low educational attainment and lower socio-economic status.

The region is facing the highest maternal mortality in the world due to high fertility rate as a result of unmet need of contraception; unsafe abortion; and inaccessible and unaffordable health services. This is further exacerbated by weak, inefficient and under-resourced (financial, human and infrastructure) health systems that do not prioritise acceptable, available, accessible and quality sexual and reproductive health and rights. High out-of-pocket expenditure, unregulated privatization of health, including unaffordable health insurance result in a denial of services to the most marginalised. For women and girls' access to contraception is also a huge challenge resulting in unintended pregnancies. At least 60 per cent of the people in the Asia-Pacific have no effective social protection despite progressive move with laws and policies to protect social protection in the region. While some countries such as Bangladesh and India, have improved maternity health coverage, others such as China, Brunei, extended tax-funded schemes to achieve universal health coverage for older persons.

However, progress is uneven and coverage of sexual and reproductive health and rights within the social protection system incomprehensive and extremely limited. The social protection programmes in the region have not taken into consideration gender perspectives and sexual and reproductive health and rights issues. While the focus is primarily on maternal health, access to contraception, services for pregnancy related complications and safe abortion fall out of the system making women and girls vulnerable to pregnancy related deaths and morbidities. Additionally, Out of Pocket or self-financing is the largest source of healthcare

financing in South Asia. This has been both regressive and iniquitous, especially for poorer households at the threshold of subsistence.

Within this, sexual and reproductive health services, specially abortion services are among the most privatised services for women. Women in Asia experience high le els of unintended pregnancy and abortion remains the only means to exercise the right to decide on whether or not women want children, and number and spacing of children. Nearly two thirds of unintended pregnancies end in abortion and 36 abortions occur each year per 1000 women aged 15–44 years in the region. A third of total abortions are unsafe. Unsafe abortion places undue burden on women's health and wellbeing leading to preventable death and disabilities.

With increasing trends in migration, from rural to semi/urban areas, especially amongst women and young girls for better opportunities and mostly within informal and industrial sectors, the violation of sexual and reproductive health and rights in the urban settings is increasing while their access to services is shrinking due to limited mobility, finance and overall awareness of such services. Nowadays, cities and semi urban spaces have better public facilities, such as health care services, lighted streets, public transportation, public toilets, parks, and other public spaces. However, there is still a lack of safe, inclusive, accessible and quality public spaces for women and girls. For instance, sexual and gender-based violence such as sexual assault, sexual harassment, rape and trafficking of women and girls in the cities is increasing.

Further to this, in many countries in Asia, as stated earlier the prevalence of child, early and forced marriages is rampant. Fertility rates are higher in settings where early marriage is prevalent among rural girls compared to those living in urban areas. These harmful traditional practices pose great health risks to young mothers. Evidence also suggests adolescent pregnancy is associated with low educational attainment and lower socio-economic status.

Young girls are more vulnerable to sexual and reproductive health related issues due to taboo and stigma attached to adolescent sexuality resulting in services that are not youth-friendly. In the spirit of leaving no one behind, the states should ensure that women's and girls' sexual reproduction rights is at the central of development agenda.

Recommendations

We call on the states to:

- Uphold their commitments to fully implement the sustainable development goals, underscoring the need for full realisation of Goals 3 and 5 — on health and gender equality. We strongly feel that the principles and objectives of the International Conference on Population and Development (Cairo International Conference on Population & Development, 1994) and the Beijing Platform for action in addition to other human rights treaties are critical to attaining the sustainable development goals and ensuring accountability.
- Ensure that health is a human right provided to all, including the marginalised and that sexual and reproductive health and rights is integrated within it and considered integral to achieving healthcare for all.
- Carry out constitutional obligations to adequately resource and provide universal access to sexual and reproductive health and rights that are acceptable, accessible, affordable, and of quality for all women and girls.
- States should ensure a Continuum of Quality Care across a woman's lifecycle and in ensuring their rights — from preconception and pregnancy, to postpartum/ post-abortion and menopause, and across various locations, e.g., home,

community, and health facilities — is important to reduce adolescent, maternal, new born, and child mortality and morbidity and improve women's reproductive health.

- Address unmet need for all sexual and reproductive health information and services including contraception for marginalised women, including rural women, poor women, young and unmarried women and girls, and women living with disabilities by providing comprehensive sexuality education and quality sexual and reproductive health services including youth-friendly health services, modern contraception, access to safe abortion services, irrespective of their marital status and reach out especially to women in rural areas.
- Recognise all women and girl's right to safe abortion as a human right by all parties. Where illegal, decriminalise abortion, and where legal, remove conditionality and restrictions in abortion law in the region and ensure that legal uncertainty and bureaucracy is addressed in instances where legalisation has been achieved.
- States must provide adequate financial, human and infrastructural resources towards implementing health policies, which ensures highest attainable standard of physical and mental health for all including their sexual and reproductive health and rights.
- Regulate the private health sector to provide acceptable, affordable, accessible, quality health services and ensure dignity and respect, privacy and confidentiality.
- Lastly, improve public investment in health and develop social protection systems and health strategies to provide comprehensive sexual and reproductive right for all women, specially the marginalized and vulnerable groups. The investment should also be made on disaggregated data for monitoring and strengthening policies and programmes.